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ABSTRACT

Education and training as related to geriatric services are discussed in terms of present and future needs. Types of educational programs that have been developed to meet specific needs by various institutions, agencies, and/or individuals are described. Recommendations made are: (1) Professional groups should view existing problems and should develop educational programs at every level of need; (2) Through involvement in State and National legislative action, the groups can help assure instigation and implementation of important educational programs; (3) Professionals in the field should develop an aggressive recruitment program and should publicize career opportunities; (4) Accurate definitions should be developed for aides, assistants, technologists, and technicians so that the terminology would be standardized throughout the country for all allied health and human service fields; (5) Licensing standards for institutions and staff personnel should be standardized; (6) Governmental agencies should seriously consider the availability of manpower when establishing criteria and standards for health facilities that participate in funded programs; and (7) There should be a close working relationship between colleges and universities and health care facilities in the development and implementation of educational and training programs. (Page 10 may reproduce poorly because of marginal legibility.) (DB)

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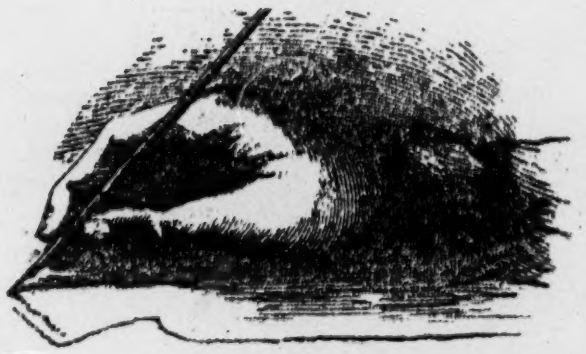
A Paper Prepared f...
National Geriatrics Society Conference

"Geriatrics: Target 1980"

The National Geriatrics Society, in cooperation with the Columbia University School of Public Health & Administrative Medicine

Washington, D.C., March 18, 1971
by - W. Dean Mason, Ed.D.

Training



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Geriatric Target-1980 - Education For Geriatric Service
National Geriatric Society Conference
Washington, D.C., March 18, 1971
W. Dean Mason, Ed.D.

The Council on Trends and Perspective Economic Analysis and Study Group of the United States Chamber of Commerce states in a document, America's Next 30 Years - Business and The Future, that there has emerged a new type of organization known as the "look out" institution which looks ahead into the future and seeks to plan for change by anticipating in advance. Such organizations are the Institute for the Future, General Electric Tempo and the Commission on the Year 2000.

The National Geriatrics Society is thinking about the future in order that we who are involved in work related to Gerontology and Geriatrics might realize that many of today's decisions will rest on conjectures about the future. We see problems that exist today and project ahead to conceived needs and thus make an effort to develop a strategy which will give hope for a successful tomorrow. It may be that we will conceive of "alternative futures". We are told that we can look forward to a virtual "revolution" in the way people will live, the way they will work and the way they will play by the year 1980 and 1990. We are beginning to see revolutionary changes in the social structure which has a direct bearing on the older adult population. Some of our problems will be congestion, financial security, boredom from excessive leisure, the gap between the rich and the poor, environmental decay, housing, health and a redefining of roles for all age groups.

What are the prospects for the 70's? The next decade will be a prosperous one so we are told by students of business. We are assured that there will be

technological advance and the discovery of answers to many of our present day questions through research. This we will hope for - we will work for answers to poverty, sickness, war and all forms of human misery.

I would like to share some thoughts concerning our future environment. The world population in thirty years is expected to double its present figure. This would mean that we would have seven billion people in the world. We may have 266 million people in America by 1982 and 325 million by 2000. By 1985 we could have 165 persons for every 100 we have today. Although we will have many more persons over 65 years of age, we are rapidly moving in the direction of a national population in which half of our people will be under 26 years of age. It is interesting to note that the rising tide of education has helped transform America from an economy of goods into a knowledge economy. We are told that by the late 1970's the United States "knowledge industries" (which produce and distribute ideas and information rather than goods) will account for one-half of the total U. S. national product. Every other dollar earned and spent in the American economy will be earned by producing and distributing ideas and information. A process of continuous learning (life-long learning) re-training and on the job education, post-graduate education will be accepted and considered necessary.

The next ten years are expected to bring large and significant changes in our Nation's system for meeting the health care needs of the total population. We find many problems upon us today in this area, with spiraling costs, maldistribution of personnel and facilities, and many varied opinions as to the solutions. It is quite well known that medical care expenditures are the fastest rising item on the consumer price index and current trends show no

let-up in this pattern. With the increasing number of elderly, more insurance coverage for all age groups and the advent of Medicare and Medicaid and shortage of available personnel, health care facilities are brought face to face with some realistic problems. In some cases it is the problem of survival.

Again we read in the U. S. Chamber of Commerce report:

> "Although U. S. health expenditures per person are among the highest in the world and our doctors and nurses are among the best trained in the world, America faces critical challenges stemming from resentment of higher medical costs, inadequacies in all types of medical facilities, severe shortages of paramedical personnel, maldistribution of physicians both geographically and by field or type of practice, inadequate medical insurance coverage of the population, and, as one aspect of the poverty problem, inadequate health care for the disadvantaged."

This report goes on to suggest that an examination of the U. S. medical care complex reveals poor planning of hospital and other health facilities, utilization of highly trained personnel to perform services requiring less skill, insufficient use of existing advanced technology to improve operation of medical delivery systems in hospitals, fragmentation of health services, and insufficient data on every aspect of the workings of the system. From this it follows that greater attention must be devoted to more effective development and utilization of medical care resources.

This has been a long "preliminary statement" to get to my main point - - that of education and training as it relates to geriatric services. I feel that it is important that we have this backdrop to our thinking.

In light of present and future needs should there be, or is there, a national priority for training personnel who are and will be working for and with our older adults? This involves government concern at every level, Federal, State and Community. Do we need more financial resources for medical schools,

schools of nursing, curriculum development in State, private and community colleges?

I hear many figures tossed around regarding health manpower needs. We are told that present needs are 50,000 additional health personnel workers and that we will need an additional 50,000 by 1975.* Roslin Fein of the Brookings Institute estimates that the demand for physicians services will grow by at least 25 percent by the decade 1965-1975. The supply is expected to grow by about 19 percent.

More medical men are moving out of general practice. One of eight medical school graduates enter general practice where at the turn of the century seven of eight did so. There are acute shortages of nurses, laboratory personnel, X-ray technicians, dietitians, therapists, food service personnel and the many other job responsibilities related to health care. It is estimated that by 1975 the demand for nurses will exceed the supply by 210,000.

This dwindling supply of health personnel poses serious problems that we need to deal with in a realistic manner. The situation is worse in specific areas such as the ghetto and rural America. In Mississippi there are 58 physicians in private practice per 1000 population compared to 134 in the State of New York. We are going to have to develop more training programs at every level of need. This means more and/or expanded medical schools. This means recruitment of more young people for training programs and the expansion of curriculum on the college campus dealing with geriatrics, gerontology and related disciplines. It means financial undergirding of programs for education and training. This means legislation at every level of government. Through

*Medically oriented:practitioners, teachers, research and administration.

a variety of programs the Federal Government is now providing more than 620 million dollars annually to aid in training and education of health manpower. In 1967, programs supported by federal funds helped train 224,000 health workers. This was an increase of nearly 100,000 trained workers over 1966.

Experimentation and innovation will be necessary as we seek to meet the manpower needs. There are many innovations now being "experimented" with in an effort to meet needs. There is an attempt to shorten the length of time needed for training without reducing quality. Physicians are discussing the use of ancillary personnel to help them meet the demands on their energy and time. New training programs are producing "aides" and "technicians" for many professional groups.

You might be interested in the fact that at the beginning of this decade there were 740,000 general hospital beds and that to maintain the present bed-population ratio we will have to add only 11,000 beds per year by 1980 but we are actually adding 20,000 beds. There were 685,000 mental hospital beds and we need to add 10,000 beds a year by 1980 to keep pace with population growth. This figure will probably drop because of modern programming and outpatient services.

There were 37,000 tuberculosis hospital beds at the turn of the century. This figure will decrease because of modern discoveries. There were 400,000 beds in extended care facilities. This area of service is expanding and improving rapidly. It is estimated that there should be a ratio of three beds per 1000 population. The current ratio is about 2 per 1000. According to this suggestion there should be an increase of 600,000 beds and by 1980 a

projected need of 720,000 beds. I would like to mention here that during the past two decades the Hill-Burton program of federal assistance has helped more than 3,400 communities build hospitals, nursing homes and other health care centers. These programs have helped to provide 350,000 hospital and nursing home beds.

What is being done today to help meet the educational needs of health care facilities, their administrative personnel, the professional, the "para-professional", the skilled and unskilled employee? Who assumes leadership responsibility for the development and implementation of educational and training programs?

I would like to share some data on various educational and training programs which I believe are a definite part of the answer to personnel needs both now and leading to the year 1980.

Dr. Clark Tibbitts, Director, Training Grants Staff, Administration on Aging, reported on Manpower Needs In The Field of Aging in the March-April 1969 issue of Aging. He tells how the Administration on Aging submitted a comprehensive study of manpower needs in the field of Aging to the President and the Congress in January of 1969. This study "estimated that there are today perhaps 330,000 persons employed in institutions, agencies, and organizations serving older people exclusively or primarily." This estimate takes no account of physicians, general hospital personnel, dentists, health department employees, adult educators and others who serve aged people along with other age groups.

This report also projects needs will increase over the next decade from 330,000 to a total of a million or more. A projection of special needs

include: a jump from 300 persons in Federal and State agencies to 1200 in 1980: persons employed in managerial positions in Housing for the Aged in 1968 numbered 4,900 and these needs will increase to 8 to 13 thousand by 1970 and between 32 and 43 thousand by 1980. It has been projected that the 270,000 persons employed in long-term personal and nursing care facilities will have to be increased two or three fold during the next decade. Home-health-aide personnel, now numbering around 8,000 will face similar increased needs. Dr. Tibbitts reported an immediate need for 6,000 nurses and 9,400 licensed practical nurses, in addition to the 18,000 now employed in home-health-care organizations. There are needs for physical and occupational therapists, recreational therapists, teachers in colleges and vocational programs to provide education and training for those who will make a career of research, teaching, administration and provisions of direct services.

The Older Americans Act of 1965 under Title V authorized the Secretary of Health, Education and Welfare "to make grants to, or contracts with, any public or nonprofit private agency, organization, or institution for the specialized training of persons employed or preparing for employment in carrying out programs related to the purposes of this Act."

Congress expressed their continuing concern through the Older Americans Act Amendments of 1967 which authorized the Secretary of H. E. W. to undertake directly or by grant or contract, a study of the immediate and foreseeable need for trained personnel to carry out programs related to the objectives of this Act (The Older Americans Act of 1965) and of the

availability and adequacy of the educational and training resources for persons preparing to work in such programs." (See Table 1)

We note that the Title V grants program from January 1966 through June 30, 1969 made 52 new, 45 continuation and 15 supplemental awards through the Administration on Aging. These awards supported the following programs:

.....15 programs conducted in 17 institutions to prepare personnel for careers in aging

.....continuing short term programs

.....16 one-time short-term programs to provide specialized knowledge of aging to employed-personnel and lay older persons.

.....13 projects for planning training programs and developing curricula and teaching materials

.....3 projects to examine the dimensions of the supply and demand for personnel in the field of aging (See Table)

These programs involved an expenditure of $6,851,225 in federal funds. The training grants are based on the types of programs and projects deemed essential in developing personnel knowledg eable and skilled in serving older people. The five areas deemed essential are as follows:

1. Career training for professional service and teaching
2. Short-term training. Teachers at colleges and universities, as well as professional and semi-professional personnel trained in established fields.
3. Curriculum planning and development.
4. Preparation of teaching materials.
5. Studies of personnel needs.

Table 1. Long-Term Career Training Programs Funded by the Administration on Aging Under Title V of the Older Americans Act

Institution	Training Objective	Degree or Program Level	Students by Academic Years: First Year Enrolled	Total Enrolled Through Academic Year 1968-1969	Traineeship Allotted for Academic Year 1969-1970	First Year of Graduation	
ona, University of (College of Business and Public Administration)	Retirement housing management, administration of homes for the aged and related facilities	MPA	1969-70	—	10	1970-71	—
adeis University (Florence Heller Graduate School for Advanced Studies in Social Welfare)	Applied social gerontology (Planning, administration, teaching, research)	MSW DSW PhD	1967-68	13	15	1967-68	1
ifornia, University of (Berkley) (School of Social Welfare)	Community planning and development	MSW	1968-69	0	14	1969-70	—
ago, University of (School of Social Service Administration)	Community planning and development	MSW	1968-69	4	0	1969-70	—
lumbia University (Teachers College)	Recreation leadership, senior center direction, programming	MA, MS, EdD, Prof. Dipl.	1967-68	27	40	1967-68	10
Michigan, University of and Wayne State University (Institute of Gerontology)	Federal-state planning and admn., community planning and develop't., retirement housing management, senior center direction, environmental design (Arch.), adult education, counseling, undergraduate majors	MPA, MEd., MSW, MArchitect PhD, EdD, Bacc.	1967-68 1968-69 1968-69 1968-69 1968-69	41	58	1968-69	13
Minnesota, University of (Public Administration Center)	Federal-state planning and administration	MA in Pub. Admn.	1966-67	47	40	1967-68	9
North Carolina, University of (Curriculum in Recreation Administration, School of Education)	Recreation leadership, senior center direction and programming, adult education	MS in Rec. Admn. MS in Ed.	1967-68 1969-70	19	27	1968-69	6
North Texas State University (Center for Studies in Aging)	Administration of homes for the aged and related institutions, Federal-state planning and administration, library science, speech correction	MS in aging MA in aging	1968-69 1969-70	18	36	1969-70	—
gon, University of (Center for Gerontology: Portland State University	Undergrad. practitioners, business administration, communication, counseling, urban planning, dental hygiene, health education, recreation leadership	Bacc. Various master's degrees PhD	1968-69 1968-69 1969-70	18	51	Number of Graduates through 8/31/69 1968-69	2
Diego State College (School of Social Work)	Community planning and development	MSW	1967-68	12	10	1967-68	8
Florida, University of (Institute on Aging)	Social gerontology	MA in Ger.	1968-69	17	36	1969-70	—
n California, ersity of (ntology Center)	Environmental design (Architecture)	MArchitect	1968-69	2	6	1970-71	—
gton, University of (ool of Social Work)	Community planning and development	MSW	1969-69	4	6	1968-69	4
n, University of (l of Social Work)	Social work generalists	MSW	1967-68	13	8	1967-68	5
	—	—	—	243	363	—	63

Table 2. Training Grants Awarded or Continuing in Fiscal Year 1969 Concerning the Aging National Institute of Mental Health.

Institution	Training Objective	Degree Granted or Program Level	First Year Enrolled	NIMH Trainee Stipends 1969-1970	First Year of Graduation
Schools of Social Work					
Boston University	To improve and expand social work training relevant to mental health of the aged and their families through casework, community organization, and group work	MSW	1961-1962	5	1962-1963
California, University of	" "	MSW	1966-1967	3	1967-1968
Connecticut, University of	" "	MSW	1960-1961	4	1961-1962
Florida State University	" "	MSW	1960-1961	4	1961-1962
Howard University	" "	MSW	1961-1962	6	1962-1963
Iowa, University of	" "	MSW	1961-1962	5	1962-1963
Michigan, University of	" "	MSW	1962-1963	3	1963-1964
Missouri, University of	" "	MSW	1961-1962	4	1962-1963
New York University	" "	MSW	1963-1964	7	1964-1965
Pennsylvania, University of	" "	MSW	1964-1965	5	1965-1966
Pittsburgh, University of	" "	MSW	1966-1967	3	1967-1968
Tennessee, University of	" "	MSW	1961-1962	5	1962-1963
Western Reserve	" "	MSW	1962-1963	5	1963-1964
Wisconsin, University of	" "	MSW	1964-1965	6	1965-1966
Medical Schools					
Duke University Medical Center	To learn how to treat aged psychiatric patients	2-year geriatric psychiatric residency	1965-1966	2	1966-1967
Nursing Schools					
Duke University School of Nursing	To meet psychiatric nursing needs of aged people	1-year post-master	1967-1968	5	1967-1968

Institution	Training Objective	Persons to Be Trained	Date Funding Began	No. of Persons to Be Trained
Continuing Education Grants				
Gerontological Society	1) To assess need for continuing education 2) To design and carry out training programs	Various agencies and professional groups	1969-1970	
University of Southern California, Gerontology Center	To educate professional personnel in mental health problems of the aging through postgraduate courses, colloquia and conferences	Professionals: 1) counsellors in direct service to the aged 2) administrators and planners 3) persons whose knowledge of mental health problems of the aged will help them in supervisory functions of others	1968-1969	560
Inservice Training				
Hospital Staff Development: Inservice Improvement Program				
Craft-Farrow State Hospital, Columbia, SC	To prepare psychiatric aides to assume more effective role in care of long-term and geriatric patients	Attendants	1965-1966	17-20 yearly
Cushing Hospital, Framingham, Mass	To teach staff how to remotivate and socially activate geriatric patients	Attendants, practical nurses, registered nurses, etc.	1964-1965	578 routine staff
Kerrville State Hospital, Kerrville, Tex	To develop skills in the attendants' care of geriatric patients	Attendants	1967-1968	40 yearly
Northern State Hospital, Sedro-Wooley, Wash	To improve interpersonal and leadership skills in personnel to give more effective patient service	Hospital personnel of leadership ability	1969-1970	20 yearly
Yankton State Hospital, Yankton, SD	To conduct courses or workshops in geriatric nursing (part of over-all HSD program - 55% of patients at Yankton are over 60)	Total service staff	1969-1970	412
Big Spring State Hospital, Big Spring, Tex	To motivate attendants to upgrade care of chronic schizophrenic and geriatric patients for greater self-care	Attendants	1965-1966	70 attend. aide trainees

The National Institute of Mental Health, established in 1946, is involved in many important programs directly related to education and training for personnel working with our aged. At the present time a major proportion of their training grants are being used for teaching grants and trainee stipends at social work schools. Sixty-five stipends were given in the year 1969 to social work students. They also have a program of support designed to expand and improve training in the field of psychiatric nursing, grants for undergraduate training, doctoral, graduate and training in special areas. The National Institute of Mental Health plans, administers, and coordinates a program for inservice training, staff development, post-graduate education and adult education to upgrade the efficiency of personnel currently employed in mental health agencies (See Table 2)

An excellent paper, Allied Health Personnel:Some Problems, was presented at the Gerontological Society meeting in Toronto last October. This was a study done by Sara Harris and Selma Axelrod. They interviewed thirty administrators of health agencies and hospitals in Albany and Rensselaer counties in New York in order that they might determine the feasibility of developing educational programs to train mature women, including the disadvantaged, in the health and human services field.

> "The authors were seeking to determine the specific job opportunities in certain allied health careers for which existing curricula and facilities at Hudson Valley Community College could be utilized:also what further role the community college might assume in recruiting and training individuals for these positions." (Cf. P.1 of mimeographed document)

The interviews revealed a number of problems which hindered the recruitment, training and placement of health care personnel essential

for the care and treatment of the aged. These problems included, poor coordination of planning, narrow and specific curricula, bureaucratic rigidity, limited career advancement opportunities and ambiguity in nomenclature. Harris and Axelrodrecommend the development of bette r communication between educator and employer, wiser utilization of State and Federal funds to coordinate various programs, re-evaluation of certification and civil service requirements, increased use of older women, better career ladder goal structure and better regional planning agencies to serve as central resource agencies.

I would like to emphasize a point that Harris and Axerod make concerning ambiguity in nomenclature which creates difficulties in structuring curricula. We come confused as to the level of "aides", "technicians", "assistants", With the development of formal job classifications that help determine pay scales as well as status within the hierarchy, uniform job titles seem to be desirable. They suggest, and I agree, that terminology be standardized for all allied health and human service fields. As a suggestion they offer the following definitions: "technologist" would equal a four year degree program; "technician" would equal a two year associate degree program; "assistant" would equal a one year or less certification program and "aide" would equal on-the-job training.

Another suggestion which I heartily endorse and seek to implement in my work is cooperative educational and training programs between colleges and universities with hospitals, nursing home, long term care facilities and government agencies. These programs can be housed in institutions (health

care facilities) where greater participation is assured and knowledge can be gained through the application of gerontological principles.

Michael J. Stotts, Harold E. Josehart and Murray Berg members of the Illinois Educational Opportunities Planning Committee in 1968, prepared and presented a statement to the National Advisory Council on Nursing Home Administration on September 13, 1968 in Atlantic City, New Jersey. This statement elaborated on the development of an Educational Program for Administrators of Long Term Care Facilities and areas of concern regarding the licensure of Nursing Home Administrators. Stotts, Josehart and Berg stated that efforts had been made for many years to promote academic programs in the long term care field in colleges and universities only to be met with failures. The Hospital Planning Council for Metropolitan Chicago invited a group of representative persons to participate in laying the foundation for an educational program in September of 1967. The College of DuPage became deeply involved in the concerns and thus developed care content for five separate courses, hopefully a part of a continuing education curriculum.

I will illustrate several approaches to the problem of developing educational programs which are helping to meet specific needs and which need to be, after testing and validation, expanded or changed. The educational needs vary with different job responsibilities. The types of persons involved vary, not only with different jobs, but with availability of persons to assume and be challenged by a particular task. The persons who need and participate in learning experiences begin at many levels of educational attainment and reveal numerous motivational responses. Some people want to learn, to grow in their work, to become more skillful, while others are concerned only with "getting by."

Basic needs which are evident and which motivate administrators and educators to develop learning opportunities, include the need for personnel at every level to be introduced to their job and to be oriented in the fundamentals (including philosophy) of a particular job responsibility; the need for special information and training in both the manual and behavioral skills associated with their job or what might be called, skill training; the need to develop leadership and management abilities and the need for continuing investigation of the real potentialities of their job (See Mary Annice Miller, Some Comments on Inservice Education, Nursing Outlook, Vol. 7, June 1959).

I will illustrate types of Educational programs which have been developed to meet specific needs at every level and by various institutions, agencies and/or individuals. We have seen how the Federal Government has responded to educational needs through the work of the Administration on Aging and the National Institute of Mental Health working with colleges, universities, Gerontological Centers, Schools of Medicine, Nursing Schools, Schools of Social Work, National Professional Societies, Hospitals, Teachers, Students, Practitioners and Researchers.

State Government has had involvement in helping to meet educational needs through programs related to Title III of the Older Americans Act, Title I of the Higher Education Act and the educational and training programs of State Boards of Health, State Licensing Boards and State Educational Boards.

The Indiana State Board of Health is involved in Educational Programs which speak to Geriatrics 1980. They offer consultant services in a field training setting. They report that the needs for training are exceeding the

availability of staff time. One group is studying para-medical education education in the state to determine the kind, number and quality of auxiliary health personnel training programs, and to discover the scope of the training of agencies, groups and individuals involved.

Health care facilities operated by the various states are involved in educational and training programs. They are concerned about expanding needs, personnel deficiencies, recruitment and conservation of staff. I was excited when I read of the Psychiatric Attendant Education Program at Central State Hospital in Indianapolis in the Sunday paper several weeks ago. In making inquiry concerning this program, the Assistant Director of Nursing Education informed me that the program, started in 1953, involved 160 hours of basic instruction which spans the nursing care of the physically and mentally ill, administration of medications, the Red Cross emergency and first aid course, as well as some theory of growth and development, communication, and behavioral patterns. They have an advanced program for attendan's which follows the State of Indiana, Department of Mental Health course outline, which is standard for all State Hospital Educational systems with the needs and preferences of the individual hospital considered. Miss Belinda Puetz, Assistant Director of Nursing Education says, "It is our feeling here at Central State Hospital that the psychiatric attendant is an integral part of the patient's treatment program and efforts are being made to increasingly educate the attendant to function responsibly in this role."

Educational programs are being developed by National Voluntary Groups faced with a maze of personnel needs. The Division of Social Service of the American Lutheran Church implement continuing education programs for administrative and supervisory personnel and nursing staff.

Health Facilities in various parts of the Nation are developing education programs either independently or in cooperation with educational institutions or governmental agencies. The Riverside Geriatric and Convalescent Center of Charleston, South Carolina works with the College of Nursing of the Medical University of South Carolina. The College of Nursing supplies clinical instructors and students who go to the Convalescent Center for clinical experience in geriatric and long term nursing. The Convalescent Center also has a similar agreement with the School of Practical Nursing under the School of Allied Science at the Medical University.

The Lutheran Homes of Fort Wayne, Indiana initiated a training program for "geriatric technicians" in cooperation with the Fort Wayne Community Schools. This program involves six months of specialized training - - the pre-clinical training period of six weeks, with the student spending an average of six hours per day in the classroom and laboratory under the direction of an instructor, and two hours per day in the library in study and preparation of assignments. The following sixteen weeks are spent with a clinical assignment in a health facility. It was my privilege to speak for the first class of eight ladies who completed this course on February 22, 1970.

I make no apology for a personal reference, as I tell you briefly how we at the Kennedy Memorial Home - Geriatric Service and Research Center, have and are approaching some of these problems, using resources we have and resources of those who join with us in helping develop learning experiences. We at the Kennedy Home have always (since our beginning in 1957) been concerned with programs which might help in the discovery of new approaches to the physiological, sociological and psychological needs of our aging population. Such concern involves the institution, the administration, the staff with their need for personal growth and knowledge and the older resident or patient.

Dr. H. Mason Atwood, of The Bureau of Studies in Adult Education of Indiana University, gave leadership for our first educational program which involved both staff and residents. The primary purpose was to "investigate the possibility of developing a program of adult education for residents of Homes for the Aged." This was an attempt to extend educational opportunities to a segment of the adult population for which very little, if any, provision had been made. It was my personal feeling, as well as Dr. Atwood's, that we "might open a whole new concept of educational therapy for Homes for the Aged." This first involvement was conducted as developmental research. We have continued to have an exciting working relationship with the Bureau of Studies in Adult Education.

The second program was an Adult Education Institute for Administrative Personnel of Congregate Facilities for the Aged. This was an outgrowth of a doctoral internship for a graduate student. The internship covered a

25 week period in 1967 and involved working with administrators of 25 other congregate facilities. It was seeking to determine what the educational needs of these administrators were, including such areas as program planning, inservice training, information relative to the learning capabilities and interest of the aged, ways of helping older adults find new interests and goals in life and ways to help residents adjust to the Home environment. The culmination of this program was to bring together 20 persons from Indiana, Illinois for a five-day Residential Institute on the Campus of Indiana University. A graduate class (D-163) from the Bureau of Studies in Adult Education of Indiana University made a diagnostic study in Adult Education in an effort to identify the real adult educational needs of an individual, group, institution or community. This study, made during the spring semester of 1969, involved group activities and programs, home-community relationships, staff training and the educational programs related to the total institution. The results of this study led to two internship programs. The one intern had the responsibility of developing inservice training programs for health facility personnel. The second intern helped develop an effective community oriented adult education program in the Home. We have also had a cooperative relationship with the Health and Recreation Department of Indiana University wherein graduate and senior students have developed and directed recreational and activity programs in cooperation with the residents of the Home. We have been involved in a language demonstration program related to aphasia and the older person.

A Food Service Workshop was sponsored by the Kennedy Home in cooperation with the Cooperative Extension Division of Purdue University in 1968. This Workshop was seeking to determine whether a number of health facilities could share in a learning experience which would help train personnel working in the area of food service.

A Professor of Optometry and a noted German Scientist were grateful for the response of our residents as they cooperated with them in a study of pigment spots in the cornea.

A very effective learning experience was developed through our cooperative relationship with the County Health Nurse in a training program for instructors of nursing techniques for health facilities through a well established Red Cross program. This involved six sessions and we were able to recruit 15 persons from four health facilities to share in this learning experience.

We have sponsored, under our own initiative, a short course in the Art of Aiding the Aging, for supervisory personnel of health facilities. This was a five-day Residential Seminar with participants from three states and was held in our Home. We are now "field testing" a nurse aide training program developed through our internship program with the hopes that the guidance materials might be used by other health facilities.

It is very evident that many persons, institutions and agencies are conscious of the problems which we have been discussing and are seeking to find answers. It is rather interesting that last week (Thursday, March 11, 1971) when I was going to a meeting in Chicago, the daily papers from Indianapolis and Chicago carried the following reports.

The Indianapolis Star for Thursday morning, March 11, 1971 had a headline across the top of page 19 which read as follows:

"Bill To License Doctors' Aides Dies In Public Safety Committee"

Briefly the article stated that:

> "A bill which would allow for the licensing of physicians' assistants is dead in the Senate Public Safety Committee. The Indiana State Medical Association backed the bill but it met specific criticism from State Associations of Nurses and Optometrists. Programs of training and licensing are in effect in the States of Virginia and Washington, and Dr. M. O. Scamahorn, President of the State Medical group told the committee that the assistants have increased considerably the treatment physicians have been able to provide, with favorable public reaction."

Immediately under this article on the same page was the following outline:

"Medical Education Program Bill is Passed Unanimously In House"

> "The Indiana House of Representatives last night passed 79-0 and sent to the Senate a bill which would establish a statewide medical education program in seven Indiana communities. Under the measure, H. B. 1430, such programs would be established in Gary, Fort Wayne, Terre Haute, Lafayette, Evansville, South Bend and Muncie. The medical education programs would make use of existing medical and educational institutions in each city instead of requiring appropriation of state funds to build new physical facilities."
>
> "Representative Eugene H. Lamkin, Jr. (R-Indianapolis), a physician and sponsor of the bill, described the proposed program as an innovative one which has received favorable attention outside the United States. (Dr. Eugene Lamkin, Jr. is a member of the Board of Directors of the Kennedy Memorial Home).

On the same day I picked up a copy of the Chicago Tribune (Thursday, March 11, 1971) and discovered the following headline on an inside page:

"Daley Asks Nurse Home Change." This article stated that:

> "A comprehensive ordinance to improve the education and training of nursing home aides and attendants was introduced in the City Council yesterday by Mayor Daley. The proposed changed in the City Nursing Home Code would require all

persons seeking employment as aides, orderlies or technicians first to complete a training program sponsored by the Board of Education.

"The mayor's proposed ordinance changes for nurse' aides and attendants would require the employe to have at least eight years of schooling or equivalent education and a two-year residency requirement. The applicant also would have to show evidence of employment for the previous two years and be able to speak English. The proposed code change also would require such employes to have a knowledge of such general skills as bathing, grooming, and feeding patients before they could be hired.

"Tribune Task Force reporters working in many nursing homes found many nurses' aides and orderlies had been hired without any experience and received no training before they were placed in charge of helpless and elderly patients."

CONCLUSION: I am making recommendations which I feel are apropos to the situation regarding education for Geriatrics-1980.

1. Professional groups, such as the National Geriatrics Society, The American Dietetic Society, the Adult Education Association of the U.S.A. and others should not only view the problems as they exist today, related to education and the aging, but they should be developing educational programs at every level of need. There should be clear lines of communication among such organizations wherein they can compliment one another and avoid duplication.

2. We need to be involved in legislative action on both the State and National level. This could help assure instigation and implementation of important educational programs. As an illustration, do we understand the implications of Senate Bill 3604-Older Americans Community Service Employment Act of 1970 sponsored by Senator Edward M. Kennedy and Senator Harrison Williams? This bill, modeled on the successful Senior Aides programs, proposes an expanded employment program on a continuing basis across the country for low-income elderly. This bill could help, as we seek to meet a critical shortage of professional persons in the service occupations, by providing supplemental services performed by a corps of sub-professional and para-professional, properly trained to supplement and facilitate the work of professionals. S-3604 authorizes an expenditure of 35 million dollars for the fiscal year 1971 and 60 million dollars for the fiscal year 1972.

3. I would like to suggest that it would be useful for professionals, through their organizations, nursing home and hospital administrators, long-term care Home administrators, government agencies, colleges and universities and organizations such as the National Geriatrics Society, to develop an aggressive program of recruitment and to publicize career opportunities for individuals in all types of work related to aging.

4. I would like to suggest, with Harris and Axelrod, that we take steps to help eliminate the "ambiguity in nomenclature." In this we would develop accurate definitions for aides, assistants, technologists, technicians, wherein the terminology would be standardized throughout the country for all allied health and human service fields.

5. I would like to suggest that licensing standards, both for institutions, and for staff personnel, be "equalized" throughout the country. Evidence of poor planning in this area is shown in the many different types of requirements for administrators of health facilities in various states. These educational requirements should be standardized.

6. Governmental agencies should consider seriously the availability of manpower when establishing criteria and standards for health facilities participating in funded programs.

7. There should be a close working relationship developed by colleges and universities and health care facilities throughout the nation in the development of, and implementation of, educational and training programs.

I am constantly hearing of the need for "coordinated efforts" and "better communication" by institutions, organizations and governmental agencies. Many excellent programs have been developed to assist the older person through better trained health care personnel but there is a lack of knowledge as to who has developed them and where they are available.

In closing I would like to use the words which our friend, Dr. Donald Kent used in concluding one of his keynote addresses to the Executives of State Commissions on Aging several years ago in Washington:

It has been said that every speaker advocating truth should adjure his hearers as did Socrates his in Athens. "If you will be persuaded by me, pay little attention to me, but much more to the truth, and if I appear to you to say anything true, assent to it, but if not, oppose me with all your might, taking good care that in my zeal I do not deceive both myself and you, and like a bee depart, leaving my sting behind." A decade later, his pupil, Plato, softened this a bit and these words are applicable today; "Truth is the beginning of every good thing, both in heaven and on earth; and he who would be blessed and happy should be from the first a partaker of truth, for then he can be trusted."

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